

Employee of the Quarter Program NOMINATION FORM



Nominator	Date
•	
who works for the City as	
I MAKE THIS NOMINATI	ON BECAUSE THIS EMPLOYEE (OR
<u>-</u>	THE FOLLOWING CITY VALUES: e or more of the below values)
Honesty and Integrity	Inclusiveness and Diversity
Leadership and Learning	Human Compassion
Respect	Trust
Commitment	Pride
or documentation if necessary):	s employee or team of employees (Attach additional pages
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